



In RE application of T. INOUE et al.

Case Docket No. NIT-413

Serial No.: 10/787,109

Group Art Unit: 2114

For: **COMPUTER SYSTEM HAVING FAILURE RECOVERY FUNCTION, AND FAILURE RECOVERY METHOD THEREOF**

Examiner: J.O. Schell

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	6	Minus	**	= 0
Indep.	3	Minus	***	= 0
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$0.00

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$\_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)

Date: January 5, 2007



Docket No. NIT-413

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/787,109 Confirmation No. 5067  
Applicant : T. INOUE et al.  
Filed : February 27, 2004  
Title : COMPUTER SYSTEM HAVING FAILURE RECOVERY  
FUNCTION, AND FAILURE RECOVERY METHOD THEREOF  
TC/AU : 2114  
Examiner : J.O. Schell  
Customer No. : 24956

**AMENDMENT**

**MAIL STOP: AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 6, 2006, please amend the  
above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of  
this paper.

**Remarks/Arguments** begin on page 7 of this paper.